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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/511,886
	Filing Date	October 19, 2004
	First Named Inventor	Gihad Dargazanli
	Art Unit	
	Examiner Name	
	Attorney Docket Number	SSL0064 US PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	sanofi-aventis	Elisabeth THOURET-LEMAITRE	
Date		Telephone	

NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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